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PTO/SB/06 (10-07)

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_			Substitu	ute for Form PT	0-875	-				10,00	00,100	
APPLICATION AS FILED - PART I (Column 1) (Column							sı	MALL I	ENTITY	OR	OTHER THAN SMALL ENTITY	
	FOR	NUME	NUMBER FILED		NUMBER EXTRA		RATI	(\$)	FEE (\$)	1	RATE (\$)	FEE (\$)
	IC FEE FR 1.16(a), (b), or i	(c))	N/A		N/A		N/		375	1	N/A	
	RCH FEE FR 1.16(k), (f), or (r	m))	N/A		N/A		N/	А		1	N/A	
EXA	MINATION FEE FR 1.16(o), (p), or		N/A		N/A		N/	А		1	N/A	
TOT	AL CLAIMS CFR 1.16(i))	38	minus 2	0 = .	18		x 9	-	162	OR	х =	
INDE	PENDENT CLA CFR 1.16(h))	IMS 3	minus 3		. 0			2 =	0		x =	
APPLICATION SIZE APPLICATION SIZE If the specification and drawings exceed 100 sheets of paper, the application size feet of the second of paper, the application size feet of the second of the se												
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							N/	Α			N/A	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL 537]	TOTAL		
APPLICATION AS AMENDED – PART II												
	(Column 1) (Column 2) (Column 3)				(Column 3)		SMALL ENTITY			OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER PRESENT REVIOUSLY EXTRA		RATE (\$) ADDI- TIONAL FEE (\$)			RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	25	Minus	** 38	= 0		x	=	0	OR	x =	
	Independent (37 CFR 1.16(h))	1	Minus	*** 3	= 0		х	=	0	OR	х =	
M	Application Size Fee (37 CFR 1.16(s))									1		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						N/	A		OR	N/A	
							TOTAL ADD'L		0	OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1 16(i))	25	Minus	** 38	= 0	ı	x		0	OR	x =	
ğ	Independent (37 CFR 1.16(h))	1	Minus	*** 3	= 0		x	_	0	OR	x =	
ME	Application Size Fee (37 CFR 1.16(s))									1 ຶ		
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						N/	Α .		OR	N/A	
						. '	TOTAL ADD'L		0	OR	TOTAL ADD'L FEE	
	" If the "Highest I " If the "Highest I	Number Previousl	Paid For	y in column 2, writ IN THIS SPACE IN THIS SPACE	is less than 20, is less than 3, c	ententer	"3".			•		

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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